

Williston United Futbol Club
Sponsorship Application

Please complete and return to: wufcpresident@outlook.com

One application is needed for each player applying for the scholarship.

Please print

Athlete Name: _____

Age: _____ Birth Year: _____

Parent Name: _____

Phone Number: _____

Email Address: _____

How many years have you participated with WUFC? _____

Have you applied for a WUFC scholarship before? _____ When? _____

Do you have other WUFC players in the home? _____ How many? _____

Please write a brief description of why you are applying for a WUFC scholarship and how it could benefit your family. Include any information that you feel is important for us to know.

I understand that this application does not guarantee my child a full or partial scholarship. I understand that any monies awarded are only able to be put toward club registration fees and cannot be used to cover any equipment or uniform costs, travel costs, or unfulfilled volunteer hours. I understand that if I am awarded this scholarship, I will be expected to fulfill all volunteer hours as required by WUFC and that a failure to fulfill those hours will result in the revocation of my scholarship. I also agree that my child and I will strive to be positive members of WUFC and will adhere to all rules and expectations as outlined in the WUFC codes of conduct.

Parent Signature: _____ **Date:** _____